

PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 2.1)

Public health reform

Strengthening and re-focusing the public health function in Scotland



Scottish Government
Riaghaltas na h-Alba
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Minutes & Actions

Meeting: Public Health Reform Oversight Board

Date: Thursday 19th April 2018, from 2:00pm to 5:00pm

Location: Room 4ER, St Andrew's House, Regent Road, Edinburgh, EH1 3DG

1. ATTENDEES/APOLOGIES

1.1. See list at Annex A.

2. WELCOME, INTRODUCTIONS AND OPENING REMARKS

2.1. John Wood welcomed everyone to the fourth meeting of the Public Health Reform Oversight Board. The chair referred to the appointment of Marion Bain and Eibhlin McHugh as a commitment to strong partnership working in the delivery of Public Health Reform.

2.2. Attendees introduced themselves in the round. John Wood then summarised the agenda items which were due to be discussed.

3. MINUTES OF PREVIOUS MEETING (PAPER 2.1)

3.1. An important point had been raised at the last meeting around the importance of the reform programme keeping a focus on the sub-national, as well as the national. It was agreed that the minutes would be amended to ensure this point was captured.

3.2. Subject to this change the minutes of the previous meeting were agreed as an accurate reflection.

4. EXECUTIVE DELIVERY GROUP SUMMARY REPORT (PAPER 3.1)

4.1. Eibhlin McHugh spoke to Paper 3.1 - Executive Delivery Group Summary Report with Marion Bain providing an update on the draft Narrative. Eibhlin McHugh indicated that there has been on-going contact with other UK Public Health Bodies and there was positive assurance from those discussions about our approach, alongside helpful advice in taking forward the reform work in Scotland.

4.2. Marion Bain explained the thinking behind the Narrative and highlighted its purpose in setting out the ambition and aspirations of public health reform.

4.3. The Board welcomed the Narrative. The Board also welcomed the reference to Human Rights within the document and highlighted the need for a strong rights based approach in all the reform work.

4.4. The Programme Team were encouraged to be even more ambitious, for example in thinking about the role of education, justice and social work services, and that the 15 to 20 year outcomes need to be articulated.

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- 4.5. The focus on digital and technology was also commented on positively, and it was noted that digital also needs to come across more strongly across all the commissions.
- 4.6. The Board also suggested strengthening of engagement with the wider NHS in order to support better mobilisation of public health assets.
- 4.7. Comments were also made that the momentum and activities that are already underway should also be highlighted in communicating the reform work.

5. PUBLIC HEALTH PRIORITIES (PAPER 4.1)

- 5.1. Asif Ishaq explained the main purpose of the Public Health Priorities and presented an overview on the process and progress with developing priorities.
- 5.2. Members of the Board were then invited to contribute their thoughts on taking this forward which will be used by the Programme Team to inform the next steps.
- 5.3. The Board were very positive about the process and the outcomes.
- 5.4. The strong focus on health improvement and health inequalities in the priorities was noted and welcomed, alongside the need to ensure that the messages are clear about the ongoing importance for the public's health of effective and resilient underpinning health protection and public health support for health and care services.
- 5.5. The specific inclusion of mental health and wellbeing, and addressing health inequalities, were welcomed by the public health professionals on the Board, alongside the need to apply the evidence base, in particular from the Marmot Review.
- 5.6. From the community engagement and working with communities perspectives the need to consider when and how meaningful engagement with communities takes place was highlighted. There needs to be some thought given to engaging community effort, understanding what the contribution is and can be, identifying when it is most appropriate and providing support where that is needed.
- 5.7. From the community planning perspective it was noted that the priorities generally work well within this context. The need to ensure that the inclusion and fairness agenda is regarded as broader than just the economy was highlighted. A question was raised about how a proportionate universal approach will work within broad priority areas.
- 5.8. The good match with the LOIPs was welcomed, along with the opportunity to use the focus on six priorities to drive a national tipping point for population health. The need for expertise, intelligence and evidence to support this work was strongly noted.
- 5.9. The voluntary sector was highlighted as a real asset to delivering the priorities. It was also highlighted that data and intelligence exists within the voluntary sector data and this is not often recognised. The reform process should reflect on how to make good use of this asset in the future.
- 5.10. The board agreed that the language used within the priorities will need to be considered. In particular the word 'ownership' was highlighted and the need for consideration of where responsibilities lie.

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- 5.11. A challenge was raised as to whether enough is being articulated about the level of change required, and what is going to be different to allow us to make progress against the priorities. The Programme Team was encouraged that this is referenced in the publication and fully considered in the ongoing work.

6. PUBLIC HEALTH REFORM BLUEPRINT AND COMMISSIONS (PAPER 5.1) (PAPER 5.2)

- 6.1. Marion Bain and Eibhlin McHugh led a session to discuss the draft blueprint.
- 6.2. In general the blueprint was noted as useful and reflecting the actions required. However the Board commented that it does not communicate well the need to start with the whole system and the need to consider outcomes from the perspective of improvements for the citizen. The Programme Team were asked to give some thought to presentation and messages.
- 6.3. A number of comments and suggestions were made about the context including the need to consider the resources (organisational and financial) of the whole system, and the balance across the different parts.
- 6.4. The complexity of working within a system which has considerable change underway was noted, and the challenges that this brings to the delivery of the PHR Programme.
- 6.5. The importance of data and intelligence and the focus on the new body in supporting local delivery were welcomed.

7. COMMUNICATIONS AND ENGAGEMENT (PAPER 6.1)

- 7.1 Mark McAllister presented the Communications Plan which was welcomed by the Board.

8. NEXT STEPS

- 8.1. Gareth Brown advised the Board of the upcoming Public Health Reform Programme Board meeting, the commissioning work, the work towards getting the priorities signed off and the challenge to secure endorsements.
- 8.2. The Board were also updated on the guidance that is being sought around the legal basis for Public Health Scotland and it was agreed to set up a workshop for PHOB members to discuss different possible governance models for the new body

9. ANY OTHER BUSINESS

- 9.1. There was no other business.
- 9.2. The chair thanked the Board for their participation and input.

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ANNEX A

LIST OF ATTENDEES/APOLOGIES

Attendees

John Wood, Cosla
Marion Bain, Scottish Government
Gareth Brown, Scottish Government
Ian Cant, National Services Scotland
David Crichton, Health Scotland
Jane Davidson, NHS Borders
Andrew Fraser, Health Scotland
Sarah Gadsden, Improvement Service
Fiona Garven, Scottish Centre Development
Ruth Glasborrow, Healthcare Improvement Scotland
Daniel Kleinberg, Scottish Government
David Lynch, Dundee City Council
Liz Manson, Dumfries and Galloway Council
Eibhlin McHugh, Scottish Government
John O'Dowd, NHS Greater Glasgow and Clyde
Lewis Ritchie, Scottish Government
Angela Scott, Aberdeen City Council
Colin Sinclair, National Services Scotland
Claire Stevens, VHS
Carol Tannahill, Scottish Government
Billy Watson, SAMH

Apologies

Jeff Ace, NHS Dumfries and Galloway
Angela Campbell, Scottish Government
Patricia Cassidy, IJB
Julie Cavanagh, NHS Tayside
Quentin Sandifer, Public Health Wales
Andrew Scott, Scottish Government
Duncan Selbie, Public Health England
Robert Skey, SG, Public Health Reform
Gregor Smith, Deputy CMO
Amanda Trolland, NSS, Public Health Reform

Support / Observers

Beth Hall, COSLA
Asif Ishaq, SG, Public Health Reform
Mark McAllister, SG, Public Health Reform
Chris McGrogan, NSS, Public Health Reform
Colin Sumpter, Scottish Government